

## State Certified Instructor Performance Review

### Instructions

Original instructor applicants must complete: Sections A-B-C-D-F

Instructor recertification must complete: Sections A-B-C-D-F

Original delegated behind-the-wheel (BTW) trainer applicants must complete: Sections A-B-C-D-E

Allied agency: Sections A-B-C-F

Please print or type all requested information and answers.

### A. Application Type

School Bus ☐ School Pupil Activity Bus (SPAB) ☐ Transit Bus ☐  
Farm Labor ☐ Allied Agency ☐ Instructor ☐  
Delegated Behind-the-Wheel Trainer ☐ Recertification ☐

### B. General Information

Name (Mr./Mrs./Ms.): \_\_\_\_\_

Driver License: \_\_\_\_\_ Class: A ☐ B ☐ Endorsement(s): \_\_\_\_\_

California Special Driver Certificate: School Bus ☐ SPAB ☐  
Transit Bus ☐ Farm Labor Vehicle ☐

Primary Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_

State/Zip \_\_\_\_\_ County \_\_\_\_\_

Employer Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### C. Vehicle Information

**Instructor Note:** The applicant must be evaluated in a vehicle of the same size, weight, and type for which the instructor rating is sought.

Vehicle Make: \_\_\_\_\_ Vehicle Year: \_\_\_\_\_ Vehicle Type (I or II) \_\_\_\_\_  
Passenger Capacity: \_\_\_\_\_ Engine: \_\_\_\_\_ Transmission: \_\_\_\_\_  
Brake System: \_\_\_\_\_

### D. *Instructor's Behind-the-Wheel Training Guide for California's Bus Driver's Training Course* Operation/Instruction

**Instructor Note:** All applicants shall have received instruction and shall demonstrate their driving proficiency in each skill level listed below. Applicants for delegated behind-the-wheel (BTW) trainer certification shall also demonstrate their instructional proficiency in each skill level. **The certifying instructor shall place his or her initials and instructor identification number on the appropriate lines for each skills level.**

Skills Level		Driving Proficiency	Instruction Proficiency
		Initial/ID	Initial/ID
One	Basic Vehicle Familiarization and Movement	_____	_____
Two	Precision Training in Vehicle Movement and Driving Fundamentals	_____	_____
Three	Transmission Control and Shifting Procedures	_____	_____
Four	Defensive Driving	_____	_____
Five	Passenger Loading and Unloading Procedures	_____	_____
Six	Emergency Procedures	_____	_____

### E. Delegated BTW Trainer Requirements

**Instructor Note:** Verify that the applicant has successfully completed the required written and driving performance tests by placing your initials and instructor identification number on the appropriate lines.

Successful completion of all training in the latest edition of the <i>Instructor's Behind-the-Wheel Training Guide for California's Bus Driver's Training Course</i> given by and in the presence of a state-certified instructor written assessment test given by a state-certified instructor of the appropriate class ( <i>Education Code</i> Section 40084.5[b][5])	Yes	No	Instructor ID
	<input type="checkbox"/>	<input type="checkbox"/>	_____

Successful completion of a written assessment test on current laws, regulations, and policies given by and in the presence of a state-certified instructor of the appropriate class ( <i>Education Code</i> Section 40084.5[b][6]).	Yes	No	Instructor ID
	<input type="checkbox"/>	<input type="checkbox"/>	_____

Successful completion of a driving test and a behind-the-wheel training performance test on all phases of behind-the-wheel and vehicle inspection training. The test shall be given by and in the presence of a state-certified instructor of the appropriate class (*Education Code* Section 40084.5[b][7]).

☐ ☐ \_\_\_\_\_

## F. Classroom

**Instructor Note:** Verify that the applicant has successfully performed the following public speaking skills in your presence and add any additional experience or comments.

Reading Aloud ☐ Voice Presentation ☐ Eye Contact ☐

Additional Comments: \_\_\_\_\_

Public Speaking Experience: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

State Certified  
Instructor Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor ID  
Number: \_\_\_\_\_

**Note:** Signatures certify that the information provided in this performance review by both the applicant and the employer are true and that neither the applicant nor the instructor has knowingly made a false statement or concealed any material fact.

### Return completed form to:

California Department of Education  
Office of School Transportation  
3500 Reed Avenue  
West Sacramento, CA 95605  
(916) 375-7100  
[www.cde.ca.gov/ls/tn/index.asp](http://www.cde.ca.gov/ls/tn/index.asp)